

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
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TOTAL IND.	2		18		20		TOTAL IND.		
TOTAL DEP.	18		20		20		TOTAL DEP.		
TOTAL CLAIMS	20		20		20		TOTAL CLAIMS		